



0802104013

EFT-001 (Rev. 11/08)

**GEORGIA EFT
ACH- Debit
Taxpayer Registration/Authorization Form**

1. Taxpayer Name: _____
2. Email Address: _____
3. Address: _____
City/State/Zip: _____
4. State Taxpayer ID#: _____
5. Type of Tax Payment: _____
6. 1st Contact Person: _____ Title: _____
Phone: _____ Ext.: _____ Fax: _____
7. 2nd Contact Person: _____ Title: _____
Phone: _____ Ext.: _____ Fax: _____
8. Type of Electronic Funds Transfer: ACH-DEBIT
Bank: _____ Day Phone: _____
Mailing Address: _____ Night Phone: _____
City/State/Zip: _____ Fax: _____
Transit/Routing #: _____
Bank Account #: _____ [] Checking [] Savings (check one)
9. Bank Contact Person: _____ Title: _____ Phone: _____
Checking account: Please attach a copy of your voided check.
Savings account: Please attach a copy your deposit slip.
10. Method of Transmittal (check one):
[] Touch Tone [] Internet
[] Voice Initiated

11. I/we authorize the Georgia Department of Revenue to present debit entries into the bank account referenced above. These debits can be made only after I/we notify the Georgia EFT Service Center to initiate the transfer of funds.

Signature: _____ Title: _____ Date: _____
Signature: _____ Title: _____ Date: _____

Please complete and return by mail or fax to: 404-362-2795
Georgia Department of Revenue-EFT registration
P.O. Box 49512
Atlanta, GA 30359-1512